



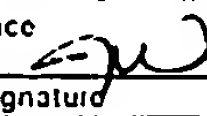
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See Data Sheet

CONFIRMATION NO. 6498

<b>SERIAL NUMBER</b> 09/879,312	<b>FILING DATE</b> 06/12/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1632	<b>ATTORNEY DOCKET NO.</b> HUI-027CPDV
<b>APPLICANTS</b> Laurie H. Glimcher, West Newton, MA; John Douhan III, Boston, MA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 09/086,010 05/27/1998 PAT 6,274,338 WHICH IS A CIP OF 09/030,579 02/24/1998 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY .. ** 01/02/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged 		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 32
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 000959				
<b>TITLE</b> Human c-Maf compositions and methods of use thereof				
<b>FILING FEE RECEIVED</b> 463	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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